Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-0010
www.dpor.virginia.gov



Cemetery Board CEMETERY COMPANY RENEWAL/REINSTATEMENT APPLICATION Fee \$50.00 per Cemetery

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE. 1. Cemetery Company Name 2. Trade (or Fictitious) Name Federal Employer Identification Number Street Address (PO Box not accepted) City, State, Zip Code Mailing Address City, State, Zip Code 6. VA Cemetery Company License Number 7. E-mail Address Telephone & Facsimile Numbers Telephone **Facsimile** Type of business (select only **one**) Sole Proprietorship Partnership

10. Company's fiscal year beginning date ______ Ending date ______
11. Is the cemetery company properly registered (in accordance with the laws of the Commonwealth of Virginia) to conduct business in Virginia?

Yes No

Association

Corporation

Limited Liability Company

o If no, this application cannot be processed.

- 1. All corporations and limited liability companies (including out-of-state businesses) who wish to conduct business in Virginia must register with the Virginia State Corporation Commission prior to applying for licensure with the Virginia Cemetery Board.
- 2. Partnerships should attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission (SCC).
- 3. Business entities trading under <u>fictitious</u> names must attach a copy of the certificate filed with the clerk of the court in the locality where business will be conducted.
- 4. All companies must comply with the local business licensing requirements of the county, city or town in which they are conducting business.

Licensing section use only:		y: SCC Registra	ation No.	Issue Date Acti		/e?	Y N
OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	4 9 0 1		IS	SSUE DATE

12.	Enter the name and address of each cemetery in Virginia in which the company named in #1 has a business interest							
	Cemetery Nan	ne	Physical Address					
13.	Enter the name (first, middle ini officers and directors (i.e., the sassociation, the managers or me	sole proprietor, the pa	rtners of your partnersh	ip, the officers and/o	or directors of your			
	Name	Title	Home	e Address	Social Security No. Σ			
14.	Company's Registered Agent							
		First	Middle	Last	Gen (SR, JR, III)			
15.	Registered Agent's Address				(0.1, 0.1,)			
	City, State, Zip Code							
16.	Company's Compliance Agent	First	Middle	Loct	Gen			
		FIISt	iviidule	Last	(SR, JR, III)			
17.	Compliance Agent's Address City, State, Zip Code							
18.	Compliance Agent's Social Secu	rity No.Σ						
19.								
.,.	subject to a disciplinary action imposed by <u>any</u> (including Virginia) local, state or national regulatory body? No							
			f the final order, decree of th order, decree or case		court or regulatory			
20.	A. Has your company, any of yo convicted in any jurisdiction of therefrom or the time for appearurposes of this application. No Yes	of any felony or any al having elapsed? <i>A</i>	crime of moral turp	itude, there being refere shall be consider	no appeal pending			
	B. Has your company, any of yo convicted in any jurisdiction of Any plea of nolo contendere shadow No Yes	any misdemeanor vonall be considered a co	vithin five years of the	e date this applicat this applicat				

informat	nswered "yes" to either question #20.A. or #20.B., list the felony and/or misdemeanor conviction(s). Attack ginal criminal history record and any other information you wish to have considered with this application (i.e. ion on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation necessary, you may attach a separate sheet of paper.
Virginia	criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted residents must complete a criminal history record request form in the presence of a notary public and mail it to the ent of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.
Perpetual	Care Trust Fund Trustee
•	Care Trustee's Address
•	e, Zip Code
•	Care Trustee Contact Person
-	erson's Title
	e & Facsimile Numbers () - () -
Is the Per	Telephone Facsimile petual Care Trust Fund Trustee a Virginia trust company or trust subsidiary or a federally insured bank of stitution doing business in the Commonwealth of Virginia?
No	If no, has the Virginia Cemetery Board previously approved the trustee?
INO	Yes If yes, your company or the trustee must furnish the Board with proof that a fidelity bond with
	corporate surety thereon, payable to the trust established, has been secured and is in effect.
	No If no, your company must submit a Trustee Approval Application to obtain approval from the Virginia Cemetery Board and the trustee must furnish to the Board a fidelity bond with corporate
	surety thereon, payable to the trust established, which shall be designated "Perpetual Care Trus
	Fund for (name of cemetery company)", in a sum equal to but not less than 100% of the value of
Dropood -	the principal of the trust estate at the beginning of each calendar year.
	Trust Account Trustee
	rustee's Address
•	e, Zip Code
	rustee Contact Person
	erson's Title
Telephon	e & Facsimile Numbers () - () - Telephone Facsimile
	relephone Facsimile eneed Trust Account Trustee a Virginia trust company or trust subsidiary or a federally insured bank of stitution doing business in the Commonwealth of Virginia?
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	corporate surety thereon, payable to the trust established, has been secured and is in effect.
	No If no, your company must submit a Trustee Approval Application to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bone with corporate surety thereon, payable to the trust established, which shall be designated "Preneed Trust Account for (name of cemetery company)," in a sum equal to but not less than 100 percent of

33.	Has your company recovered all of its original perpetual care trust fund de <i>Virginia</i> ? Yes No If no, enter the amount of the trust that has not yet been recovered.				
34.	I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the company, company officers or directors, or compliance agent is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the <i>Code of Virginia</i> and the <i>Virginia Cemetery Board Regulations</i> .				
	Signature of Officer, Director or Compliance Agent	Date			

Σ State law requires every applicant for a license, certificate, registration, or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

APPLICATIONS AND SIGNATURES MUST BE ORIGINAL. FASCIMILE TRANSMISSIONS AND COPIES WILL NOT BE ACCEPTED.